APPLICATION FOR LICENSURE RENEWAL Form #2

Missouri Department of Health and Senior Services Onsite Sewage Program Attention: Fee Receipts P.O. Box 570 Jefferson City, MO 65102-0570 Phone 573-751-6095 Fax 573-526-7377

FOR DHSS USE ONLY
Fee Receipts Transmittal Number:
Date Paid:
Check # and Amount:

Application for Licensure as: OWTS Inspector/Evaluator In order to expedite the issuance of your new identification card and assure correct contact information is listed, please: √ Enter your ID Number above. √ Check your continuing education units (CEUs) attached, list any additional courses, and attach documentation. √ Verify contact information below is correct, make changes accordingly. √ Sign and date this form. √ Attach your \$90.00 Non-Refundable Processing Fee (check or money order) and mail to address above. Name – First Mil Last Social Security Number - Mailing Address Contact Telephone Number City State Zip Code FAX Number Business Name Business Name Business Phone Number City State Zip Code List up to eight other counties in which you are available to work. (While you may be available to work in more counties, list eight) * 1. 2. 3. 4. 5. 6. 7. 8. Check one of the following boxes if you prefer NOT to have your name on Licensed OWTS Inspectors/Evaluators Lists. □ Do not include my name on the INTERNET Lists of Licensed OWTS Inspectors/Evaluators. (Include it on other published lists.) Do not include my name on the INTERNET Lists of Licensed OWTS Inspectors/Evaluators. (Include it on other published lists.) Signature Date *NOTE – There may be additional requirements in order to work in some countles. Check with the county administrative authority. *NOTE – There may be additional requirements in order to work in some countles. Check with the county administrative authority. *NOTE – There may be additional requirements in order to work in some countles. Check with the county administrative authority.	Please Print				tion Processing			
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